

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**  
**FOR NEW LOCATION OR CHANGE OF OWNERSHIP**  
**FAYETTE COUNTY, GEORGIA**

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**FOR OFFICIAL USE ONLY:**

Date Received: \_\_\_\_\_, 20 \_\_\_\_

TYPE OF LICENSE:

Retail \_\_\_\_\_

Pouring \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_

Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_

Money Order: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Bd. of Comm. Action:

Denied \_\_\_\_\_, 20\_\_

Local License No.: \_\_\_\_\_

Approved \_\_\_\_\_, 20\_\_

State License No.: \_\_\_\_\_

Land Lot(s): \_\_\_\_\_

District(s): \_\_\_\_\_

Zoning of Property: \_\_\_\_\_

\_\_\_\_\_  
Reviewed and Approved by:

\_\_\_\_\_  
Date Approved:

Fayette County, Georgia

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Check One:

New Location: \_\_\_\_\_

Change of Ownership: \_\_\_\_\_

ORIGINAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR

RETAIL IN VINOUS LIQUORS (WINE) SALES \_\_\_\_\_

RETAIL IN MALT LIQUORS (BEER) SALES \_\_\_\_\_

ON PREMISE CONSUMPTION OF MALT LIQUORS (BEER) \_\_\_\_\_

ON PREMISE CONSUMPTION OF VINOUS LIQUORS (WINE) \_\_\_\_\_

ON PREMISE CONSUMPTION OF DISTILLED SPIRITS (ALCOHOL) \_\_\_\_\_

**INSTRUCTIONS:** Read through entire application before answering any questions. EVERY questions and sub-question must be fully and completely answered. If a particular question does not apply to you, then answer "N/A" and if necessary explain why it is not applicable to you. Do not leave any questions blank. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the Fayette County Planning & Zoning Department, Fayette County, Georgia, together with all supporting papers, one complete copy, and money order or certified check for the exact fee. Personal checks will not be accepted. A copy of the relevant alcoholic beverage ordinance is available for your use.

1. (a) Full name, address & legal residence of person making application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Resident of: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

(b) Is the above address your legal and bona fide place of domicile? \_\_\_\_\_

(c) How long have you lived at the above address? \_\_\_\_\_

2. Trade name of business for which license is requested:

\_\_\_\_\_

3. Location of business for which license is requested:

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

4. Name and residence of each person, partnership and corporation having any ownership interest in the business, and the amount of such interest.

Name	Address	Residence	Interest
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Name	Address	Residence	Interest
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Name	Address	Residence	Interest
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5. (a) Will this business be owned by the applicant as a sole proprietorship?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) If this business will be owned in whole or in part by a partnership, corporation or any other association, list the members of such organization and give their address, county and state of their legal residence, and the amount of their interest.

Name	Address	Residence	Interest
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Name	Address	Residence	Interest
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Name	Address	Residence	Interest
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6. How much of the capital of this business is borrowed and from whom? (attach exhibits if necessary)

Amount	Lender	Address
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Amount	Lender	Address
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7. Does any person or organization listed in questions (1), (4), (5), or (6) have any financial interest whatsoever in any other business selling distilled spirits, wine or beer, either in this state or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the name of such person or organization, the name and location of such other business, and the amount and type of interest.

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8. (a) Is the applicant and/or license holder the owner of the building where business is to be conducted? Yes \_\_\_\_\_ No \_\_\_\_\_  
(b) Is the applicant and/or license holder the owner of the land where business is to be conducted? Yes \_\_\_\_\_ No \_\_\_\_\_  
(c) If your answer is "No" to either question, state whether you lease, sublease, or rent the building and whether you lease, sublease, or rent the land, or both.

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9. (a) State the full name and address of the owner of the building, the name and address of the owner of the land, and the name and address of all lessors and/or sublessors. Attach copies of all lease agreements as exhibits to question 9.

Building Owner	Address	Relationship to applicant or any other owners
Land Owner	Address	Relationship to applicant or any other owners
Other	Address	Relationship to applicant or any other owners

- (b) Has the applicant and/or license holder entered into an agreement or contract with either the owner, lessor or sublessor for either the building or the land or both which provides for the payment of rent on a percentage or profit sharing basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please list the terms of such agreement or contract, and attach a copy of such agreement or contract if in written form. (State owner, lessor, or sublessor and the building, the land, or both).

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**Question 10. to be completed for New Location Application Only:**

10. What is the distance from the nearest building wall of the business, along the closest and most reasonable public access, to the nearest point of the following:

- (a) School Ground \_\_\_\_\_
- (b) Church Ground \_\_\_\_\_
- (c) Residence \_\_\_\_\_
- (d) Alcoholic Treatment Center \_\_\_\_\_
- (e) Library \_\_\_\_\_

11. Excepting the front entrance, describe each entrance and exit to or from your place of business, and any passageways between your place of business and any adjacent place of business.

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12. Name the manager of the business for which this application is filed and state how he is compensated.

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Name	Address
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Compensation:

Check one: \_\_\_Salary \_\_\_Hourly \_\_\_Commission \_\_\_Comb. of any 3

13. List all other liquor, beer or wine businesses that your general manager is interested in, employed by, or associated with, in any way whatsoever.

Name	Address
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Liquor, beer or wine business name	Type of interest and amount
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14. Does any non-resident of the State of Georgia have any financial interest in the operation of this business? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list such non-resident's legal name and address and amount of interest.

Name	Address	Interest
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Name	Address	Interest
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15. List all employees of this business involved in serving, pouring, or bartending positions, or in cashier positions. List all owners, managers and/or supervisors. Note: Applies only to the particular business for which this license application is made. **A Personnel Statement shall be required for each person listed.** (attach exhibits if necessary)

Name	Position	Name	Position
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Name	Position	Name	Position
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**Question 16. to be completed for Change of Ownership Application only.**

16. If you acquired this business or propose to acquire it from some previous licensee, give the name of the previous licensee, the State License Number of the previous license, and the date acquired or to be acquired.


17. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged at any time with any violation of federal, state, county, or municipal law, or any rule, regulation or ordinance, concerning the sale of such products? \_\_\_\_Yes \_\_\_\_No

Authority issuing citation	Violation alleged	Results
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Authority issuing citation	Violation alleged	Results
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18. Did the applicant or any person listed in questions 4, 5(b), or 6 have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? Yes \_\_\_\_ No \_\_\_\_  
If yes, state:

Name	Address	Interest
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Name	Address	Interest
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19. (a) List the name of the spouse of any person mentioned in questions 1, 4, or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Address	Interest
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- (b) List the name of the father, mother, brother, sister, son, or daughter, or the spouse of any such relative, of any person mentioned in questions 1, 4, or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Address	Interest
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Name	Address	Interest
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Read and complete the following:

20. There must be submitted with this application, as Exhibits A-1, A-2, etc., a personnel statement from the applicant and from each person listed in questions 4, 5, 12, and 15. Such personnel statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application or in any such personnel statement shall constitute cause for the revocation of any license issued pursuant to this application. Number of personnel statements attached: \_\_\_\_\_
21. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as Exhibit B an affidavit by some person having knowledge of the facts concerning the residence of such applicant, managing officer or partner for the past ten years. Check here that such affidavit is attached. \_\_\_\_\_
22. There must be attached hereto, as Exhibit D, documentation proving residence of the applicant in the State of Georgia for twelve (12) months preceeding the year for which application is made. Such documentation can include copies of a county tax bill showing a homestead exemption, a lease agreement, a deed, or some identification showing an address. Check here that such documentation is attached. \_\_\_\_\_

**Question 23. is for New Location Application Only.**

23. There must be attached to this application as Exhibit E a certificate from a registered surveyor, as required by the Code of Ordinances of Fayette County relating to the sale and distribution of alcoholic beverages, showing the distances from this place of business to the nearest residence, school ground, church ground, alcoholic treatment center, and library. Check here that such exhibit is attached. \_\_\_\_\_
24. There must be attached, as Exhibit F, approved building/site plans on file in the Fayette County Permits & Inspections Department and plans showing seating and building requirements as approved by the Fayette County Fire Marshal. Check here that such exhibit is attached. \_\_\_\_\_
25. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any questions contained in this application, or any personnel statement which is made a part of this application, such change must be reported to the Fayette County Planning & Zoning Department within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Initial to indicate that this is fully understood. \_\_\_\_\_



26. Please initial each following paragraph if you have read it, understand it, and agree with the information contained therein.

- (a) I agree to abide by all laws, rules and regulations of the United States, the State of Georgia and Fayette County, either now in force or hereafter promulgated or enacted, regulating and governing the sale of alcoholic beverages and liquors. \_\_\_\_\_
- (b) I understand that any license issued shall be valid from the date of issuance or the first day of January of each subsequent year, and shall expire December 31, in the year issued. I also understand that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of revocation of said license or for any other reason. \_\_\_\_\_
- (c) As applicant and/or license holder, I have read the Ordinance governing the sale of beer, wine, or other alcoholic beverages, and all amendments thereto, in Fayette County, Georgia. \_\_\_\_\_

27. Complete and initial the following statement if you have read and understand it.

I submit herewith the sum of \$\_\_\_\_\_ dollars as payment in full of the investigation fee, with the understanding that if for any reason the license shall not be granted, the investigation fee will not be refunded. \_\_\_\_\_

Initial

**NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN, AND ANY FALSE OR FRAUDULENT STATEMENT OR ANSWER WITHIN THIS APPLICATION OR ATTACHMENTS THERETO SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.**

**VERIFICATION**

STATE OF GEORGIA

\_\_\_\_\_ COUNTY

I, \_\_\_\_\_, applicant, do solemnly  
NAME OF APPLICANT (PRINT)

swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Fayette County license as a dealer in alcoholic beverages and/or liquors are true, correct, and based upon my personal knowledge, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature (Full Name in Ink)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(AFFIX SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

# Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Fayette County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Fayette County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for \_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

Notary Public  
My Commission Expires: \_\_\_\_\_

**\*Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien,” legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_